Indiana Professional Licensing Agency

Medical Licensing Board of Indiana
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2060
Website: PLA.IN.gov

Michael R. Pence Governor

Nicholas W. Rhoad, Executive Director

MD DO Expired Renewal Form

Your license is expired. You may renew your license online at www.pla.in.gov. To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of $250 to the office address shown in the above right corner. If you answer 'Yes' to any question below send a detailed statement regarding the response by email to renewal3@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee $250.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS		
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes ☐	No ☐
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes ☐	No ☐
3. Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana Court?	Yes ☐	No ☐
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes ☐	No ☐
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes ☐	No ☐
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes ☐	No ☐
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes ☐	No ☐

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure or email the Board at pla3@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date